

Douglas County Community Development  
1594 Esmeralda Avenue  
Post Office Box 218  
Minden, Nevada 89423  
(775) 782-6224

FOR STAFF USE ONLY	
Case Number	Receipt #
Received By	

# BUILDING PERMIT ALLOCATION APPLICATION

## INSTRUCTIONS TO APPLICANT

The following application form is provided for persons who propose to submit for an **Allocation** to secure a **Building Permit** with Douglas County.

As an applicant, you must complete this form and incorporate all requested information, before the application is accepted for processing by the Douglas County Community Development Department.

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### A. Application for (check one; number represents the # of allocations sought):

- |   |   |
|---|---|
| <input type="checkbox"/> <b>ALLOCATION, INDIVIDUAL POOL (1-4)</b> | <input type="checkbox"/> <b>ALLOCATION TRANSFER</b> |
| <input type="checkbox"/> <b>ALLOCATION, PROJECT POOL (5+)</b>     | <input type="checkbox"/> <b>TIME EXTENSION</b>      |

*Note: Each allocation request requires the submittal of a separate application*

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### B. Property Location

Street Address (if available): \_\_\_\_\_ Community: \_\_\_\_\_

Assessor's Parcel Number(s): \_\_\_\_\_

Zoning District: \_\_\_\_\_ Master Plan designation: \_\_\_\_\_

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### C. Description Request (please fill in the appropriate section)

1. Request for \_\_\_\_ allocation(s).
2. Request to transfer \_\_\_\_ allocation(s). Please attach a justification statement describing the circumstances under which the transfer is being sought (refer to Douglas County Code Section 20.560.140 for eligibility).

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### D. Fees submitted

Write in amount

\_\_\_\_\_ Building Permit Allocation

\_\_\_\_\_ Building Permit Allocation Transfer

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**OWNER:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Telephone No: (     ) \_\_\_\_\_ Fax No: (     ) \_\_\_\_\_

E-mail: \_\_\_\_\_

**OWNER'S AGENT** (must provide relationship disclosure documentation):

Contact Name: \_\_\_\_\_ Comapny: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Telephone No: (     ) \_\_\_\_\_ Fax No: (     ) \_\_\_\_\_

E-mail: \_\_\_\_\_

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## LETTER OF AUTHORIZATION

This letter shall serve to notify and verify that I/we am/are the legal owner(s) of the property being considered under this application and do hereby authorize the above representative to file and represent my/our interest in this application.

I/we am/are the legal owner(s) of said property; have read the foregoing Letter of Authorization and know the contents thereof; and so hereby certify (or declare) under penalty of perjury under the laws of the State of Nevada that the information contained in this application is true and correct.

**OWNER(s) of RECORD:** (Include extra sheets if necessary)

Printed Name	Signature	Date

Signature

Date

Printed Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Signature

Date

I certify under penalty of perjury that I am the owner's agent and that the foregoing statements and answers contained herein and the information herein submitted, are in all respects true and correct.

**OWNER'S AGENT:**

Printed Name	Signature	Date
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Signature

Date

**FOR OFFICE USE ONLY:**

Allocation Issued

Allocation Certificate #

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Date \_\_\_\_\_